| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 155472 | A. BUILDING _____ B. WING _____ | C 04/06/2016 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **HOOSIER VILLAGE** | **9875 CHERRYLEAF DR INDIANAPOLIS, IN 46268** |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| F 000 | INITIAL COMMENTS | F 000 | | |

This visit was for the Investigation of Complaint IN00194687.

Complaint IN00194687 - Substantiated. No deficiencies related to the allegations are cited.

Survey date: April, 6, 2016

Facility number: 000548
Provider number: 155472
AIM number: N/A

Census bed type:
SNF: 17
NCC: 56
Residential: 140
Total: 213

Census payor type:
Medicare: 4
Other: 69
Total: 73

Sample: 3

Hoosier Village was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2-33.1 in regard to the Investigation of Complaint IN00194687.

QR was completed by 99993 on 04/07/16.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE